

# eMoney Market Account Application

The eMoney Market account requires all transactions to be done electronically. Wire transfers will not be accepted for deposit. Checks and debit cards will not be issued with this account.

You can apply for an account by mailing or faxing us your application. You can mail your application to VirtualBank, P.O. Box 109638, Palm Beach Gardens, FL 33410 or you can also fax your application to 1-561-776-6378.

*Note: Interest rates are subject to changes without notice.*

## SECTION 1: Funding Details

**Deposit Amount (minimum opening deposit is \$100.00):** \$ \_\_\_\_\_

### Deposit Method (select one funding method):

Transfer from an internal account owned by me.\*

Account Number: \_\_\_\_\_ Account Type: (select one) Checking  Savings

Mail a personal check - The check must be in the same name and ownership as the applicant(s) named in this Application. If you are mailing your application, please include the check with your application (use the address provided above).

## SECTION 2: Security information

For security purposes, as a way to help validate your identity, we will ask you for a secret word when you call our customer support number. Please provide the secret word you would like to use: \_\_\_\_\_

What is your mother's middle name? \_\_\_\_\_

## SECTION 3: Personal Information - Primary Applicant

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents.

Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: (No P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ State Issuer: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation Description \_\_\_\_\_

(If retired, provide former employer and occupation information)

### Primary Accountholder - TIN / Backup Withholding

Important: Under penalties of perjury, I certify that the social security number shown above is my correct taxpayer identification number and my backup withholding status is **(check appropriate box)**:

\*Accounts opened and initially funded with money transferred from an existing VirtualBank account are not eligible for the eMoney Market Special APY.



I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

The IRS has notified me that I am subject to backup withholding as a result of a failure to report all interest and dividends.

I certify that I am a United States Citizen.

VirtualBank does not accept brokered deposits. The undersigned acknowledges this is not a brokered account. I understand that my account will be covered by VirtualBank's Deposit Account Agreement which will be sent to me. By signing this application, I authorize VirtualBank to obtain and use consumer credit reports and other information about me and my financial condition in order to: (1) verify my identity; (2) determine my eligibility for the account; and (3) offer me additional products and services.

Primary Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: Personal Information – Joint Applicant (if applicable)**

Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: (No P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ State Issuer: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation Description \_\_\_\_\_  
(If retired, provide former employer and occupation information)

**Joint Accountholder - TIN / Backup Withholding (if applicable)**

Important: Under penalties of perjury, I certify that the social security number shown above is my correct taxpayer identification number and backup withholding status is **(check appropriate box)**:

I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

The IRS has notified me that I am subject to backup withholding as a result of a failure to report all interest and dividends.

I certify that I am a United States Citizen

VirtualBank does not accept brokered deposits. The undersigned acknowledges this is not a brokered account. I understand that my account will be covered by VirtualBank's Deposit Account Agreement which will be sent to me. By signing this application, I authorize VirtualBank to obtain and use consumer credit reports and other information about me and my financial condition in order to: (1) verify my identity; (2) determine my eligibility for the account; and (3) offer me additional products and services.

Joint Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note incomplete applications will not be processed.**